



**3943-2 Baymeadows Road
 Jacksonville, FL 32217
 Phone: (904) 737-2900
 Fax: (904) 636-9881**

CVSN Manufacturer/Supplier Membership Application **Please fill in all sections of this form**

Your application for membership will be reviewed by our Board of Directors who will make the final decision as to whether to accept or reject your company's application based on your relationship with the heavy duty independent distributor market segment.

Company Name:		
Street/P.O. Box		Suite No.:
City:	State/Province	Zip/Postal Code:
Country:	Company Phone:	Company Fax:
Company E-mail:		Web site:

Primary Contact Information This person will handle all correspondence with CVSN

First Name:	Last Name:
Title:	
E-mail:	Phone:

Brands Sold or Distributed by Your Company

Brands sold or distributed:

Which CVSN Members Do You Currently Supply?

List CVSN Member Companies you deal with here:

1. Sales Force: How many of the following people does your company employ?
 Direct Salespeople _____
 Manufacturer Sales Reps _____
 Combination _____
 Other _____
 Total Sales People _____
2. Does your company offer training programs for distributors? Yes No
3. Does your company do business in Canada and the US? Yes No
4. Does your company belong to other trade associations? Please list: _____
5. Does your company belong to any Marketing groups? Please name: _____
6. Does your company have an O.E.S. network? Yes No
7. If yes, please name the Truck or Engine Manufacturer and Program _____
8. Annual aftermarket parts volume:
 \$0 - \$1,000,000
 \$1,000,000 - \$5,000,000
 \$5,000,000 - \$15,000,000
 \$15,000,000 - \$30,000,000
 \$30,000,000 - \$50,000,000
 Over \$50,000,000

9. Please indicate the reason why you want to become a member of CVSN and what you expect to take away as a benefit. _____

Please Circle Preferred Membership Dues Level

LEVELS	DESCRIPTION	ANNUAL DUES
Level 1	This amount includes one (1) personal fee for the September Aftermarket Distribution Summit valued at \$500.00.	\$1,700
Level 2	Pay this amount if you do not or cannot attend the September Aftermarket Distribution Summit.	\$1,200
NOTE: As a supplier member in good standing with CVSN, if your company attends the HDAW all-industry conference held each year you qualify for member rates and two full conference registrations for each 10 x 10 show booth. Your membership dues must be paid before September 30th of the previous year to qualify.		
Total Dues Paid		\$ _____

Payment Information

Check # _____ has been sent in the mail

Charge: VISA MASTERCARD AMEX

Applicant's Signature	Name on Card (Please Print)
Card Number	Expiration Date

Street Address & Zip Code (If Different from First Box in Application Above)

Amount to be charged on card \$ _____

Payment Instructions

Remit Checks to:
 CVSN
 3943-2 Baymeadows Road
 Jacksonville, FL 32217

Remit Credit Card Information to CVSN Office Address Above, Fax or E-mail

CVSN also accepts electronic payments (ACH), please contact Ramona Greene for more details.

PHONE: (904) 737-2900 • FAX: (904) 636-9881 • E-MAIL: rgreene@cvsn.org

Date of Application: (D/M/Y)

Print Name:

Signature: